

## **TPP Threatens Access to Medicines**

Statement by Zahara Heckscher, Breast Cancer Patient and Founder of Cancer Thriver

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In 2008, I received a devastating diagnosis: invasive breast cancer. My son had just turned 3. But today, even though my cancer is considered advanced, and my current treatment includes chemotherapy, I am thriving. My son is now 10 and I am happy to be a soccer mom as well as a writer and educator.

I am alive and thriving today because I have had access to the latest medicines for breast cancer, including monoclonal antibodies, known as biological medicines.

Sadly, I know all too well what cancer can mean without access to new treatments. My mother died of breast cancer in 1976, less than one year after her diagnosis, just days before my 12<sup>th</sup> birthday.

That is why I was arrested at the TPP negotiations in Atlanta, and why I am here today to urge Congress to reject the TPP. The TPP will effectively take some patients backwards in time to the dark ages of cancer treatment. It will prevent too many people with cancer – and other life threatening illnesses – from accessing the new treatments they need to stay alive. When science has the potential for them to be thrivers like me, living productive lives while in treatment, or to be cured, the TPP will be a death sentence.

According to Doctors Without Borders, the TPP will “go down in history as the worst-ever trade agreement for access to medicines...It’s bad for people needing access to medicines worldwide, including in the U.S.”

How does the TPP prevent access to medicines? Organizations including like Doctors without Borders, Public Citizen, and Oxfam have done the detailed technical analysis, but the bottom line is this:

First of all, in the US, if passed, the TPP will lock in policies that will keep prices obscenely high:

- The TPP could tie policymakers’ hands by locking in the inability of our government to negotiate reasonable prescription prices in any future Medicare Part D reform.
- The TPP would prevent the reduction of extra-long monopolies for biologic medicines -- some of which cost over \$100,000 per year -- and delay the timely development of affordable, life-saving biosimilars.

- The TPP would lock in perverse incentives that encourage pharmaceutical companies to “evergreen” profits, extending monopolies for making minor modifications to existing medicines rather than developing new medicines.

In addition, efforts to reform our system and reduce medical costs in the future could be challenged outside our court system in unaccountable trade tribunals.

The high prices locked in by the TPP will mean that in the US, insurance formularies may not cover certain new and effective medicines, people with high deductibles may be unable to afford treatments they need, and low-income and even middle class people may be unable to afford co-pays that can total thousands of dollars per year for expensive medicines.

As an example, if I were not in a clinical trial, this medicine I take, palbociclib, a drug that is helping me stay alive and thriving, could cost me over \$100,000 a year because it is not approved for the kind of breast cancer I have, even though my doctor wanted me on it. Locking in our current system will mean more of these outrageous prices and a resulting lack of access to life-saving medicines.

And for those of you who think you are not affected because you are healthy – think again. Propping up higher costs for medicines will ultimately increase insurance premiums for everyone, as well as taxes to cover Medicare and other government programs that pay for drugs. As economist Dean Baker has illustrated, outrageous health care costs are the number one cause of U.S. budget problems.

Outside the US, by establishing extended monopolies that delay production of generics and biosimilars, the TPP will have devastating effects on individual health and health systems. The TPP will roll back the May 10, 2007 agreement between Congressional Democrats and the Bush Administration that promoted access to medicines for developing countries. The effectiveness of our international aid dollars will be compromised. Try telling a woman with breast cancer in Vietnam, where annual per capital income is under \$2000, that she has to pay \$100,000 a year for the medicine that would save her life. Ultimately, people will die because they will not have access to lifesaving medicines for HIV, cancer, and other illnesses.

If passed, the TPP would be extremely difficult to modify because all signatories would have to agree to any changes. This means that harmful provisions may be in effect for decades, hampering not only current policy but also future generations’ ability to improve our health care system and control costs.

Tomorrow, Obama may try to wrap the TPP in some nice gift wrap – for example, he may state that the TPP is needed for companies to be able to develop new drugs. Please don't be confused by arguments that conflate obscene profits with the ability to advance medical research. Pharma spends more on marketing and lobbying than on research. And much of the innovative work in developing new medicines is funded by government and nonprofits.

The TPP is not a policy wonk issue. It is a human issue that affects individuals like me who are fighting for our lives. And it affects our families too.

For my mother to die of breast cancer in the 1970s was a tragedy for our family.

For people in the US and around the world to die unnecessary in this new millennium because of the TPP is a cruel, premeditated, and avoidable catastrophe.

Members of Congress, please serve the interests of your constituents, of public health, of fiscal responsibility, and of democracy. I urge you to vote against the TPP.

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*Zahara Heckscher is a breast cancer patient, writer and educator who lives in Washington, DC. She has a BA in Biology from Wesleyan University in Middletown, CT, and an MA in International Development from American University. She is currently in a clinical trial that combines chemotherapy and palbociclib, and her treatment also includes the biological medicine Xgeva, a monoclonal antibody. Zahara bikes to and from her chemo appointments and paddles with a dragon boat team of breast cancer survivors. As the founder of Cancer Thriver, she is dedicated to spreading the word about the role of exercise in helping to prevent and treat breast cancer. She is a leader in the movement of cancer patients to defeat the TPP and protect access to affordable medicines.*